



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

Ernie Fletcher
Governor

P. O. Box 1360
Frankfort, Kentucky 40602
Phone (502) 564-3296, ext. 225
Fax (502) 696-1923
<http://finance.ky.gov/ourcabinet/caboff/OAS/op/>

REPORT OF POST DOCTORAL EXPERIENCE

Applicant _____
(Name)

To qualify for the status "Health Service Provider," the candidate must have completed one year of post doctoral experience acceptable to the Board. This experience must total 1800 hours with at least one (1) hour of individual face to face supervision on a weekly basis. The candidate is referred to 201 KAR 26:190 Section 3 for further information regarding the activities required during the post doctoral year.

POST DOCTORAL SITE: _____

SUPERVISOR'S NAME AND CREDENTIALS (INDICATE STATE IN WHICH S/HE IS LICENSED):

NAME	STATE	LICENSE NUMBER
------	-------	----------------

NUMBER OF HOURS PER WEEK: _____ NUMBER OF HOURS FOR THE YEAR: _____

STARTING DATE: _____ ENDING DATE: _____

TOTAL NUMBER OF HOURS OF INDIVIDUAL SUPERVISION: _____

DESCRIPTION OF DUTIES/ACTIVITIES: _____

I ____have ____have not passed the EPPP at the doctoral level

I ____am ____am not requesting to be scheduled for the next oral exam

SUPERVISOR SIGNATURE

DATE

APPLICANT SIGNATURE

DATE